

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 48     | 2/1/01  |
| FORMALITY REVIEW          | Mt       | 967    | 2-21-01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final<br>Original | Date     |
|-------|-------------------|----------|
| 1     | ✓                 | 5/20/02  |
| 2     | ✓                 | 11/20/02 |
| 3     | ✓                 | —        |
| 4     | ÷                 | ○        |
| 5     |                   | —        |
| 6     | ÷                 | ○        |
| 7     | ÷                 | ○        |
| 8     |                   | —        |
| 9     | ÷                 | ○        |
| 10    |                   | —        |
| 11    |                   | —        |
| 12    |                   | —        |
| 13    | ÷                 | ✓        |
| 14    | ÷                 | ✓        |
| 15    |                   | —        |
| 16    |                   | —        |
| 17    | ✓                 | ✓        |
| 18    | N                 | —        |
| 19    |                   | —        |
| 20    |                   | —        |
| 21    |                   | —        |
| 22    |                   | —        |
| 23    |                   | —        |
| 24    |                   | —        |
| 25    | ✓                 | —        |
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| Claim | Final<br>Original | Date |
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| Claim | Final<br>Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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